

General Information for Authorization

Instructions to fill out the General Information for Authorization form, DSHS 13-835

FIELD	NAME	ACTION																																																																								
		ALL FIELDS MUST BE TYPED.																																																																								
1	Org required	<p>Enter the Number that Matches the Program/Unit for the Request</p> <p>500 - Division of Alcohol and Substance Abuse (DASA) 501 - Dental 502 - Durable Medical Equipment (DME) 509 - Economic Services Administration (ESA) (DSHS) 504 - Home Health 505 - Hospice 506 - Inpatient Hospital 507 - Juvenile Rehabilitation Administration (JRA) (DSHS) 508 - Medical 509 - Medical Nutrition 510 - Mental Health 511 - Outpt Proc/Diag 513 - Physical Medicine & Rehabilitation (PM & R) 514 - Aging and Disability Services Administration (ADSA) 515 - Transportation 516 - Miscellaneous</p>																																																																								
2	Service Type required	<p>Enter the letter(s) in all CAPS that represent the service type you are requesting.</p> <table border="0"> <tbody> <tr> <td>AA Ambulatory Aids</td> <td>OS Orthopedic Shoes</td> </tr> <tr> <td>BB Bath Bench</td> <td>OTC Orthotics</td> </tr> <tr> <td>BEM Bath Equipment (misc)</td> <td>PAS PAS</td> </tr> <tr> <td>BGM Blood Glucose Monitors</td> <td>PDN</td> </tr> <tr> <td>BGS Bone Growth Stimulator</td> <td>Private Duty Nursing</td> </tr> <tr> <td>BP Breast Pumps</td> <td>PHY Pharmacy</td> </tr> <tr> <td>BS Bariatric surgery</td> <td>PL Patient Lifts</td> </tr> <tr> <td>BSS2 Bariatric surgery stage 2</td> <td>PMR PM and R</td> </tr> <tr> <td>C Commode</td> <td>PROS Prosthetics</td> </tr> <tr> <td>CI Cochlear Implants</td> <td>PRS Prone Standers</td> </tr> <tr> <td>CIERP Cochlear Implant Ext Repl Prts</td> <td>PSY Psychotherapy</td> </tr> <tr> <td>CSC Commode/Shower Chair</td> <td>PTL Partial</td> </tr> <tr> <td>CWN Crowns</td> <td>PWH Power Wheelchair - Home</td> </tr> <tr> <td>DASA DASA</td> <td>PWNF Power Wheelchair - NF</td> </tr> <tr> <td>DEN Dentures</td> <td>PWNF Power Wheelchair - NF</td> </tr> <tr> <td>EN Enteral Nutrition</td> <td>PHYS Physician Services</td> </tr> <tr> <td>ESA ESA</td> <td>R Respiratory</td> </tr> <tr> <td>FSFS Floor Sitter/Feeder Seat</td> <td>RBS Rebases</td> </tr> <tr> <td>HB Hospital Beds</td> <td>RE Room equipment</td> </tr> <tr> <td>HEA Hearing Aids</td> <td>RLNS Relines</td> </tr> <tr> <td>HH Home Health</td> <td>RM Readmission</td> </tr> <tr> <td>HSPC Hospice</td> <td>S Surgery</td> </tr> <tr> <td>IPT Infusion/Parental Therapy</td> <td>SBS Specialty Beds/Surfaces</td> </tr> <tr> <td>ITA Inpatient admission - ITA</td> <td>SC Shower chairs</td> </tr> <tr> <td>JRA JRA</td> <td>SCAN MRI/PET Scans</td> </tr> <tr> <td>LTAC LTAC</td> <td>SF Standing Frames</td> </tr> <tr> <td>MC Medication</td> <td>SGD Speech Generating Device</td> </tr> <tr> <td>MISC Miscellaneous</td> <td>SSIP Short Stay (In-Patient)</td> </tr> <tr> <td>MN Medical Nutrition</td> <td>T Therapies (PT/OT/ST)</td> </tr> <tr> <td>MWH Manual Wheelchair - Home</td> <td>TRN Transportation</td> </tr> <tr> <td>MWNF Manual Wheelchair - NF</td> <td>TU TENS Units</td> </tr> <tr> <td>O Other</td> <td>US Urinary Supplies</td> </tr> <tr> <td>ODC Orthodontic</td> <td>V Vision</td> </tr> <tr> <td>ODME Other DME</td> <td>VNSS Vagus nerve stimulator surgery</td> </tr> <tr> <td>OOS Out of State</td> <td>VOL Inpatient admission-Voluntary</td> </tr> <tr> <td>OP Ostomy Products</td> <td>WDCS Wound/decubiti care supplies</td> </tr> </tbody> </table>	AA Ambulatory Aids	OS Orthopedic Shoes	BB Bath Bench	OTC Orthotics	BEM Bath Equipment (misc)	PAS PAS	BGM Blood Glucose Monitors	PDN	BGS Bone Growth Stimulator	Private Duty Nursing	BP Breast Pumps	PHY Pharmacy	BS Bariatric surgery	PL Patient Lifts	BSS2 Bariatric surgery stage 2	PMR PM and R	C Commode	PROS Prosthetics	CI Cochlear Implants	PRS Prone Standers	CIERP Cochlear Implant Ext Repl Prts	PSY Psychotherapy	CSC Commode/Shower Chair	PTL Partial	CWN Crowns	PWH Power Wheelchair - Home	DASA DASA	PWNF Power Wheelchair - NF	DEN Dentures	PWNF Power Wheelchair - NF	EN Enteral Nutrition	PHYS Physician Services	ESA ESA	R Respiratory	FSFS Floor Sitter/Feeder Seat	RBS Rebases	HB Hospital Beds	RE Room equipment	HEA Hearing Aids	RLNS Relines	HH Home Health	RM Readmission	HSPC Hospice	S Surgery	IPT Infusion/Parental Therapy	SBS Specialty Beds/Surfaces	ITA Inpatient admission - ITA	SC Shower chairs	JRA JRA	SCAN MRI/PET Scans	LTAC LTAC	SF Standing Frames	MC Medication	SGD Speech Generating Device	MISC Miscellaneous	SSIP Short Stay (In-Patient)	MN Medical Nutrition	T Therapies (PT/OT/ST)	MWH Manual Wheelchair - Home	TRN Transportation	MWNF Manual Wheelchair - NF	TU TENS Units	O Other	US Urinary Supplies	ODC Orthodontic	V Vision	ODME Other DME	VNSS Vagus nerve stimulator surgery	OOS Out of State	VOL Inpatient admission-Voluntary	OP Ostomy Products	WDCS Wound/decubiti care supplies
AA Ambulatory Aids	OS Orthopedic Shoes																																																																									
BB Bath Bench	OTC Orthotics																																																																									
BEM Bath Equipment (misc)	PAS PAS																																																																									
BGM Blood Glucose Monitors	PDN																																																																									
BGS Bone Growth Stimulator	Private Duty Nursing																																																																									
BP Breast Pumps	PHY Pharmacy																																																																									
BS Bariatric surgery	PL Patient Lifts																																																																									
BSS2 Bariatric surgery stage 2	PMR PM and R																																																																									
C Commode	PROS Prosthetics																																																																									
CI Cochlear Implants	PRS Prone Standers																																																																									
CIERP Cochlear Implant Ext Repl Prts	PSY Psychotherapy																																																																									
CSC Commode/Shower Chair	PTL Partial																																																																									
CWN Crowns	PWH Power Wheelchair - Home																																																																									
DASA DASA	PWNF Power Wheelchair - NF																																																																									
DEN Dentures	PWNF Power Wheelchair - NF																																																																									
EN Enteral Nutrition	PHYS Physician Services																																																																									
ESA ESA	R Respiratory																																																																									
FSFS Floor Sitter/Feeder Seat	RBS Rebases																																																																									
HB Hospital Beds	RE Room equipment																																																																									
HEA Hearing Aids	RLNS Relines																																																																									
HH Home Health	RM Readmission																																																																									
HSPC Hospice	S Surgery																																																																									
IPT Infusion/Parental Therapy	SBS Specialty Beds/Surfaces																																																																									
ITA Inpatient admission - ITA	SC Shower chairs																																																																									
JRA JRA	SCAN MRI/PET Scans																																																																									
LTAC LTAC	SF Standing Frames																																																																									
MC Medication	SGD Speech Generating Device																																																																									
MISC Miscellaneous	SSIP Short Stay (In-Patient)																																																																									
MN Medical Nutrition	T Therapies (PT/OT/ST)																																																																									
MWH Manual Wheelchair - Home	TRN Transportation																																																																									
MWNF Manual Wheelchair - NF	TU TENS Units																																																																									
O Other	US Urinary Supplies																																																																									
ODC Orthodontic	V Vision																																																																									
ODME Other DME	VNSS Vagus nerve stimulator surgery																																																																									
OOS Out of State	VOL Inpatient admission-Voluntary																																																																									
OP Ostomy Products	WDCS Wound/decubiti care supplies																																																																									

3	Name: Required.	Enter the last name, first name, and middle initial of the patient you are requesting authorization for.
4	Client ID: Required.	Enter the client ID = 9 numbers followed by WA. For Prior Authorization (PA) requests when the client ID is unknown (e.g. client eligibility pending): <ul style="list-style-type: none"> You will need to contact DSHS at 1-800-562-3022 and the appropriate extension of the Authorization Unit (See contact section for further instructions). A reference PA will be built with a placeholder client ID. If the PA is approved – once the client ID is known – you will need to contact DSHS either by fax or phone with the Client ID. The PA will be updated and you will be able to bill the services approved.
5	Living Arrangements	Indicate where your patient resides such as, home, group home, assisted living, skilled nursing facility, etc.
6	Reference Auth #	If requesting a change or extension to an existing authorization, please indicate the number in this field.
7	Requesting NPI #: Required.	The 10 digit numeric number that has been assigned to the requesting provider by CMS.
8	Requesting Fax#	The fax number of the requesting provider.
9	Servicing NPI #: Required.	The 10 digit numeric number that has been assigned to the billing/servicing provider by CMS.
10	Name	The name of the billing/servicing provider.
11	Referring NPI #	The 10 digit numeric number that has been assigned to the referring provider by CMS.
12	Referring Fax #	The fax number of the referring provider.
13	Service Start Date	The date the service is planned to be started if known.
15	Description of service being requested: Required.	A short description of the service you are requesting (examples, manual wheelchair, eyeglasses, hearing aid).
18	Serial/NEA#: Required for all DME repairs.	Enter the serial number of the equipment you are requesting repairs or modifications to or the NEA# to access the x-rays for this request.
20	Code Qualifier: Required.	Enter the letter corresponding to the code from below: T - CDT Proc Code C - CPT Proc Code D - DRG P - HCPCS Proc Code I - ICD-9/10 Proc Code R - Rev Code N - NDC-National Drug Code S - ICD-9/10 Diagnosis Code
21	National Code: Required.	Enter each service code of the item you are requesting authorization that correlates to the Code Qualifier entered.
22	Modifier	When appropriate enter a modifier.
23	# Units/Days Requested: Required.	Enter the number of units or days being requested for items that have a set allowable. (Refer to the program specific Billing Instructions for the appropriate unit/day designation for the service code entered).
24	\$ Amount Requested: Required.	Enter the dollar amount being requested for those service codes that do not have a set allowable. (Refer to the program specific Billing Instructions and fee schedules for assistance) Must be entered in dollars & cents with a decimal (e.g. \$400 should be entered as 400.00).
25	Part # (DME only): Required for all "By Report" codes requested.	Enter the manufacturer part # of the item requested.

26	Tooth or Quad#: Required for dental requests	Enter the tooth or quad number as listed below: QUAD 00 – full mouth 01 – upper arch 02 – lower arch 10 – upper right quadrant 20 – upper left quadrant 30 – lower left quadrant 40 – lower right quadrant Tooth # 1-36, A-T, AS-TS, 51-82 and SN
27	Diagnosis Code	Enter appropriate diagnosis code for condition.
28	Diagnosis name	Short description of the diagnosis.
29	Place of Service	Enter the appropriate two digit place of service code.
30	Comments	Enter any free form information you deem necessary.

Field	Name	Action
		ALL FIELDS MUST BE TYPED
1	Org required	<p>Enter the Number that Matches the Program/Unit for the Request</p> <p>500— Division of Alcohol and Substance Abuse (DASA) 501— Dental 502— Durable Medical Equipment (DME) 509— Economic Services Administration (ESA) (DSHS) 504— Home Health 505— Hospice 506— Inpatient Hospital 507— Juvenile Rehabilitation Administration (JRA) (DSHS) 508 - Medical 509— Medical Nutrition 510— Mental Health 511— Outpt Proc/Diag 513— Physical Medicine & Rehabilitation (PM & R) 514— Aging and Disability Services Administration (ADSA) 515— Transportation 516— Miscellaneous</p>
2	Service Type required	<p>Enter the letter(s) in all CAPS that represent the service type you are requesting.</p> <p>AA Ambulatory Aids BB Bath Bench BEM Bath Equipment (mise) BGM Blood Glucose Monitors BGS Bone Growth Stimulator BP Breast Pumps BS Bariatric surgery BSS2 Bariatric surgery stage 2 G Commode CI Cochlear Implants CIERP Cochlear Implant Ext Repl Prts CSC Commode/Shower Chair CWN Crowns DASA DASA DEN Dentures EN Enteral Nutrition ESA ESA FSFS Floor Sitter/Feeder Seat HB Hospital Beds HEA Hearing Aids HH Home Health HSPC Hospice IPT Infusion/Parental Therapy ITA Inpatient admission—ITA JRA JRA LTAC LTAC</p>

Field	Name	Action
		MC Medication MISC Miscellaneous MN Medical Nutrition MWH Manual Wheelchair—Home MWNF Manual Wheelchair—NF O Other ODC Orthodontic ODME Other DME OOS Out of State OP Ostomy Products OS Orthopedic Shoes OTC Orthotics PAS PAS PDN Private Duty Nursing PHY Pharmacy PL Patient Lifts PMR PM and R PROS Prosthetics PRS Prone Stenders PSY Psychotherapy PTL Partial PWH Power Wheelchair—Home PWNF Power Wheelchair—NF
		PWNF Power Wheelchair—NF PHYS Physician Services R Respiratory RBS Rebases RE Room equipment RLNS Relines RM Readmission S Surgery SBS Specialty Beds/Surfaces SC Shower chairs SCAN MRI/PET Scans SF Standing Frames SGD Speech Generating Device SSIP Short Stay (In-Patient) T Therapies (PT/OT/ST) TRN Transportation TU TENS Units US Urinary Supplies V Vision VNSS Vagus nerve stimulator surgery VOL Inpatient admission Voluntary WDCS Wound/decubiti care supplies
3	Name: Required.	Enter the last name, first name, and middle initial of the patient you are requesting authorization for.
4	Client ID: Required.	Enter the client ID = 9 numbers followed by WA.

Field	Name	Action
		For Prior Authorization (PA) requests when the client ID is unknown (e.g. client eligibility pending): <ul style="list-style-type: none"> You will need to contact DSHS at 1-800-562-3022 and the appropriate extension of the Authorization Unit (See <u>contact section</u> for further instructions). A reference PA will be built with a placeholder client ID. If the PA is approved – once the client ID is known – you will need to contact DSHS either by fax or phone with the Client ID. The PA will be updated and you will be able to bill the services approved.
5	Living Arrangements	Indicate where your patient resides such as, home, group home, assisted living, skilled nursing facility, etc. NOT REQUIRED FOR PHYSICIAN SERVICES
6	Reference Auth #:	If requesting a change or extension to an existing authorization, please indicate the number in this field.
7	Requesting NPI #: Required.	The 10 digit numeric number that has been assigned to the requesting provider by CMS.
8	Requesting Fax#:	The fax number of the requesting provider.
9	Servicing NPI #: Required.	The 10 digit numeric number that has been assigned to the billing/servicing provider by CMS.
10	Name:	The name of the billing/servicing provider.
11	Referring NPI #:	The 10-digit numeric number that has been assigned to the referring provider by CMS.
12	Referring Fax #:	The fax number of the referring provider.
13	Service Start Date:	The date the service is planned to be started if known.
15	Description of service being requested: Required.	A short description of the service you are requesting (examples, manual wheelchair, eyeglasses, hearing aid).
18	Serial/NEA#: Required for all DME repairs.	Enter the serial number of the equipment you are requesting repairs or modifications to or the NEA# to access the x-rays for this request.
20	Code Qualifier: Required.	Enter the letter corresponding to the code from below: T—CDT Proc Code C - CPT Proc Code D—DRG P—HCPCS Proc Code I - ICD-9/10 Proc Code R—Rev Code N—NDC National Drug Code S—ICD-9/10 Diagnosis Code
21	National Code: Required.	Enter each service code of the item you are requesting authorization that correlates to the Code Qualifier entered.
22	Modifier:	When appropriate enter a modifier.
23	# Units/Days Requested: Required.	Enter the number of units or days being requested for items that have a set allowable. (Refer to the program specific <u>Billing Instructions</u> for the appropriate unit/day designation for the service code entered).
24	\$ Amount Requested: Required.	NOT REQUIRED FOR PHYSICIAN SERVICES Enter the dollar amount being requested for those service codes that do not have a set allowable. (Refer to the program specific <u>Billing Instructions</u> and fee

Field	Name	Action
		schedules for assistance) Must be entered in dollars & cents with a decimal (e.g. \$400 should be entered as 400.00.
25	Part # (DME only): Required for all "By Report" codes requested.	NOT REQUIRED FOR PHYSICIAN SERVICES Enter the manufacturer part # of the item requested.
26	Tooth or Quad#: Required for dental requests	<p>NOT REQUIRED FOR PHYSICIAN SERVICES</p> <p>Enter the tooth or quad number as listed below:</p> <p>QUAD</p> <p>00 — full mouth</p> <p>01 — upper arch</p> <p>02 — lower arch</p> <p>10 — upper right quadrant</p> <p>20 — upper left quadrant</p> <p>30 — lower left quadrant</p> <p>40 — lower right quadrant</p> <p>Tooth # 1-36, A-T, AS-TS, 51-82 and SN</p>
27	Diagnosis Code:	Enter appropriate diagnosis code for condition.
28	Diagnosis name	Short description of the diagnosis.
29	Place of Service	<p>Enter the appropriate two digit place of service code.</p> <p>Use 11 for office or 22</p>
30	Comments:	Enter any free form information you deem necessary.